

OFFICER'S BATTERY REPORT  
CHICAGO POLICE DEPARTMENT

RD NO. JA425451

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) OEINCK, JESSE A		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE 2110 N LARAMIE AVE	
STAR NO. 12561	POSITION POLICE OFFICER	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT 06-APR-2015	EMPLOYEE NO.	LOCATION CODE 304-STREET      BEAT OF OCCURRENCE 2515	
UNIT OF ASSIGNMENT 025	BEAT/CALL NO. 2532R	DATE OF OCCURRENCE 10-SEP-2017	TIME 00:50:00      DAY OF WEEK SUNDAY
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB 1988	NO. OF OFFICERS BATTERED <u>1</u>
HEIGHT 600	WEIGHT 200	WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES    2. <input checked="" type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ?	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER	
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY			
<input type="checkbox"/> A. AMBUSH -NO WARNING <input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input checked="" type="checkbox"/> B. VEHICLE <input checked="" type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT	
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE HISPANIC	DOB 27-JAN-1998	IR NO. _____
CB NO. _____			
<input type="checkbox"/> K. OTHER		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
		GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
		NO. OF OFFENDERS PRESENT? <u>1</u>	
TYPE OF INJURY TO OFFICER		WEATHER CONDITIONS	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		LIGHTING CONDITIONS AT INCIDENT <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> F. 1. POOR <input type="checkbox"/> <input type="checkbox"/> 2. GOOD	
		A. CLEAR      D. FOG / SMOKE / HAZE      G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	
		APPROXIMATE TEMPERATURE: <u>55°F</u>	

LOG# 1086683  
Attachment 5

REPORTING MEMBER - SIGNATURE KENDZIOR, KEVIN G	STAR NO. 299	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO. CALURIS, STEVEN M	520
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